

This box to be completed by DCS Family Case Manager

Reason Fingerprinted: ☐ Emergency placement IC 10-13-3-27.5 ☐ Non-emergency placement IC 10-13-3-27.5
 County: _____ Case Name / ICWIS Number: _____
 Street Address: _____
 Date: _____ Time: _____
 Name: _____ Signature: _____

Verification of Additional
Household Member's Identity:

☐ Valid Driver's License
☐ Work / School ID

☐ Valid State ID Card
☐ Other: _____

ADDITIONAL HOUSEHOLD MEMBER (UNLICENSED PLACEMENT)

A copy of this form must be completed for each person aged 14 and older living in the home

*These fields are mandatory and must be completed. Additionally, FCM must provide this information when requesting a Name-Based Check and must fax a copy of this completed form to ISP headquarters (fax 317-234-4427) within 24 hours of calling in the Name-Based Check.

Full legal name*					
Previous names (maiden/alias/other married)*					
Date of birth (mm/dd/yy)*					
Place of birth (city, state)					
Social Security Number					
Gender*		Race*		Height*	
Weight*		Eyes*		Hair*	
Current address* (street address, city, state, zip):					
List all counties and/or states resided in for past 10 years:					
I <input type="checkbox"/> have <input type="checkbox"/> have not been convicted of an adult crime. (If convicted, please describe below:)					

To be signed by the individual submitting to the background check:

I have provided the information on this form for the purposes of a criminal history and background check.
 My signature authorizes the necessary checks to be conducted:

Date:		Printed name:	
Signature:			

ATTENTION APPLICANT: FURTHER INSTRUCTIONS

Return all completed forms and fingerprint cards for your household to the local DCS office listed at the top of this form